

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 10 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5981</u>	2. Fiscal Year Covered From: <u>5</u> / <u>1</u> / <u>2004</u> Through: <u>4</u> / <u>30</u> / <u>2005</u>
3. Name and address of person filing. Name <u>THOMAS</u> <u>KARDAMIS</u> P.O. Box, Bldg., Room No., if any Street <u>1760 CHELMSFORD</u> City <u>MAYFIELD HEIGHTS</u> State <u>Ohio</u> ZIP Code + 4 <u>44124</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS UNION LOCAL NO. 55</u> Labor Organization File Number <u>011-734</u> P.O. Box, Building and Room Number, if any Street <u>980 KEYNOTE CIRCLE</u> City <u>BROOKLYN HEIGHTS</u> State <u>Ohio</u> ZIP Code + 4 <u>44131-1801</u>
5. Position in labor organization. <u>NONE-TRUSTEE OF TRUST FUND</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>PLUMBERS LOCAL NO. 55 HEALTH & WELFARE</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>980 KEYNOTE CIRCLE</u> City <u>BROOKLYN HEIGHTS</u> State <u>Ohio</u> ZIP Code + 4 <u>44131-1801</u>	7.a. Nature of Interest, Transaction, or Income. <u>REIMBURSED EXPENSES AND LOST WAGES</u> 7.b. Amount. <u>\$342</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Thomas Kardamis</u>	On <u>7-22-05</u>	<u>440-446-9112</u>
	Date	Telephone Number

Name of Person Filing THOMAS KARDAMIS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name PLUMBERS LOCAL NO. 55 HEALTH & WELFARE Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 980 KEYNOTE CIRCLE City BROOKLYN HEIGHTS State Ohio ZIP Code + 4 44131-1801	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name PPLUMBERS LOCAL NO. 55 HEALTH & WELFARE Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 980 KEYNOTE CIRCLE City BROOKLYN HEIGHTS State Ohio ZIP Code + 4 44131-1801	11.a. Nature of such dealing. TAPT HARTLEY TRUST CREATED FOR THE BENEFIT OF THE MEMBERS OF A LABOR ORGANIZATION. DOLLAR AMOUNT UNKNOWN.
	11.b. Approximate dollar value of such dealing. _____
	12.a. Nature of interest held or income received. REIMBURSED EXPENSES AND LOST WAGES.
	12.b. Amount. _____ \$342

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N/A Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____